Facility			Fixed CT		N	umber of Scan	s	
Number	Facility Name	Туре	Units*	Total Head	Total Body	Dental	Total CT	Spec. Needs
47.0020	ST. JOSEPH MERCY LIVINGSTON HOSPITAL	Н	1	3,781	10,326	0	14,107	0
47.C006	WOODLAND IMAGING CENTER, LLC	F	1	986	4,364	0	5,350	0
50.0020	HENRY FORD MACOMB HOSPITAL - WARREN CAMP	Н	1	3,081	6,572	0	9,653	0
50.0030	ST. JOHN NORTH SHORES HOSPITAL	Н	1	756	1,969	0	2,725	0
50.0060	MOUNT CLEMENS REGIONAL MEDICAL CENTER	Н	3	10,574	24,667	0	35,241	0
50.0070	ST. JOHN MACOMB-OAKLAND HOSP (MACOMB)	Н	3	10,527	22,022	0	32,549	0
50.0110	HENRY FORD MACOMB HOSPITAL	Н	3	10,378	23,997	0	34,375	0
50.2619	EASTLAND DIAGNOSTICS	F	1	1,593	2,461	0	4,054	0
50.2622	DR. L. REYNOLDS ASSOCIATES, PC	F	1	6	510	0	516	0
50.6842	HENRY FORD MACOMB HEALTH CENTER - CHESTE	F	1	221	707	0	928	0
50.C611	BASHA DIAGNOSTICS	F	9	712	1,651	0	2,363	0
50.C612	ROMEO PLANK DIAGNOSTIC CENTER	F	1	695	3,000	0	3,695	0
50.C614	LIFE SCAN IMAGING CORPORATION	F	1	42	5	0	47	9
50.C616	HARPER METRO CT	F	1	579	2,983	0	3,562	0
50.C618	WASHINGTON CENTER IMAGING SERVICES	F	1	227	901	0	1,128	0
50.C623	THE CT CENTER	F	1	290	357	0	647	0
50.C627	HENRY FORD STERLING HEIGHTS MEDICAL CENT	F	1	2,210	5,971	0	8,181	0
50.C635	INTERNAL MEDICINE ASSOCIATES OF MT. CLEM	F	1	699	2,534	0	3,233	0
50.C649	NATIONAL DIAGNOSTIC SERV/ROSEV	F	0	26	111	0	137	Θ
50.C650	NATIONAL DIAGNOSTIC SERV/ST. H	F	0	17	159	0	176	0
50.C654	BEAUMONT MEDICAL CENTER, WARREN	F	1	217	1,036	0	1,253	0
50.C655	ST. JOHN MEDICAL CENTER - MACOMB TOWNSHI	F	1	859	2,571	0	3,430	0
50.C659	BEAUMONT MEDICAL CENTER, ST. CLAIR SHORE	F	1	264	1,349	0	1,613	0
50.C663	CHILDREN'S SPECIALTY CENTER-CLINTON TWP	F	1	75	84	0	159	0
50.C667	NATIONAL DIAGNOSTIC SERV/ RICHMOND	F	0	8	35	0	43	0
50.C669	ORCHARD VIEW MEDICAL COMPLEX	F	0	150	516	0	666	0
50.C676	BEAUMONT MEDICAL CENTER NORTH MACOMB	F	1	1,169	4,150	0	5,319	0
58.0030	MERCY MEMORIAL HOSPITAL	Н	2	6,166	18,354	0	24,520	0
58.C009	BEDFORD IMAGING CENTER	F	1	5	39	0	44	9
63.0014	HURON VALLEY-SINAI HOSPITAL	Н	3	4,342	14,152	0	18,494	0
63.0030	WILLIAM BEAUMONT HOSPITAL, ROYAL OAK	Н	9	25,598	67,253	0	92,851	0

<sup>\*</sup>includes Dental scanners. The data appear as they were reported by the facility and do not necessarily reflect certificate of need approved services. Data from Section D of the survey.

Facility			Fixed CT		N	umber of Scan	s	
Number	Facility Name	Туре	Units*	Total Head	Total Body	Dental	Total CT	Spec. Needs
63.0050	BOTSFORD HOSPITAL	Н	3	9,814	19,119	0	28,933	Θ
63.0060	DMC SURGERY HOSPITAL	Н	1	141	351	0	492	Θ
63.0070	CRITTENTON HOSPITAL MEDICAL CENTER	Н	2	4,147	14,290	0	18,437	Θ
63.0080	ST. JOHN MACOMB-OAKLAND HOSP (OAKLAND)	Н	2	4,459	9,650	0	14,109	Θ
63.0110	DOCTORS' HOSPITAL OF MICHIGAN	Н	1	1,685	4,338	0	6,023	Θ
63.0120	POH MEDICAL CENTER	Н	2	2,807	4,054	0	6,861	Θ
63.0130	PROVIDENCE HOSPITAL AND MEDICAL CENTER	Н	3	9,748	22,500	0	32,248	505
63.0140	ST. JOSEPH MERCY OAKLAND HOSPITAL	Н	2	7,813	21,169	0	28,982	325
63.0160	WILLIAM BEAUMONT HOSPITAL, TROY	Н	5	13,731	38,361	0	52,092	Θ
63.0176	HENRY FORD WEST BLOOMFIELD HOSPITAL	Н	3	7,788	14,380	0	22,168	1
63.0177	PROVIDENCE MEDICAL CENTER-PROVIDENCE PAR	Н	3	5,526	16,177	0	21,703	18
63.2641	BASHA DIAGNOSTICS, P.C.	F	1	1,313	3,629	0	4,942	Θ
63.2649	MICHIGAN INSTITUTE FOR NEUROLOGICAL DISO	F	1	275	137	0	412	Θ
63.2663	ROSE IMAGING CENTER	F	1	235	847	0	1,082	0
63.6905	PROVIDENCE MED CTR - FARMINGTON HILLS	F	1	137	637	0	774	Θ
63.C600	OAKLAND MEDICAL GROUP	F	1	849	3,639	0	4,488	0
63.C671	FARMBROOK RADIOLOGY ASSOCIATES	F	1	289	1,737	0	2,026	3
63.C672	NORTHLAND RADIOLOGY - SOUTHFIELD	F	0	272	979	0	1,251	60
63.C677	LIFETEST MICHIGAN, LLC	F	1	13	367	0	380	Θ
63.C682	UNIVERSAL IMAGING, INC AUBURN HILLS	F	0	108	309	0	417	Θ
63.C696	BEAUMONT OUTPATIENT SERVICES AT UNASOURC	F	1	324	1,394	0	1,718	0
63.C699	MILLENNIUM DIAGNOSTIC CENTER	F	1	1,362	5,933	0	7,295	Θ
63.C704	ASSOCIATED RADIOLOGISTS OF CLARKSTON	F	1	374	1,531	0	1,905	Θ
63.C719	PROVIDENCE MEDICAL CENTER-FARMINGTON HIL	F	1	103	663	0	766	Θ
63.C722	CLARKSTON HEALTH CENTER	F	1	844	1,930	0	2,774	25
63.C727	ROCHESTER DIAGNOSTIC CENTER	F	1	271	2,676	0	2,947	Θ
63.C730	CAT SCAN CENTER OF CLARKSTON	F	1	417	2,256	0	2,673	3
63.C731	BALD MOUNTAIN DIAGNOSTIC IMAGING	F	1	172	507	0	679	1
63.C732	BEAUMONT MEDICAL CENTER, LAKE ORION	F	1	318	1,781	0	2,099	0
63.C733	BEAUMONT MEDICAL CENTER, WEST BLOOMFIELD	F	1	559	3,543	0	4,102	0
63.C737	BARCLAY IMAGING CENTER	F	1	13	191	0	204	0

<sup>\*</sup>includes Dental scanners. The data appear as they were reported by the facility and do not necessarily reflect certificate of need approved services. Data from Section D of the survey.

Facility			Fixed CT		N	umber of Scan	s	
Number	Facility Name	Туре	Units*	Total Head	Total Body	Dental	Total CT	Spec. Needs
63.C739	POH MEDICAL CENTER - OXFORD	F	1	525	1,311	0	1,836	34
63.C742	GENERAL IMAGING SERVICES-ROCHESTER HILLS	F	1	303	1,686	0	1,989	5
63.C751	HEALTHFIRST IMAGING CENTER - HAGGERTY	F	1	354	3,027	9	3,381	0
63.C757	NATIONAL DIAGNOSTIC SERV/NOVI	F	Θ	6	25	9	31	Θ
63.C758	NATIONAL DIAGNOSTIC SERV/BHI	F	9	69	158	9	227	Θ
63.C774	NATIONAL DIAGNOSTIC SERV/MADIS	F	Θ	22	83	9	105	Θ
63.C784	MICHIGAN HEAD AND SPINE INSTITUTE	F	1	53	238	9	291	Θ
63.C789	COMPREHENSIVE MEDICAL CENTER	F	1	0	2,955	9	2,955	Θ
63.C798	HEALTHFIRST IMAGING CENTER - WOODWARD	F	1	137	2,212	9	2,349	Θ
63.C805	DR. PRAMOD RAVAL, MD, PC	F	1	309	2,463	9	2,772	0
63.C808	OAKLAND IMAGING SERVICES, PLLC	F	1	1,620	151	9	1,771	Θ
63.C812	NATIONAL DIAGNOSTIC SERV/ HIGHLAND	F	0	2	3	9	5	Θ
63.C813	BOTSFORD COMPREHENSIVE CANCER CENTER	F	1	29	666	9	695	Θ
63.C834	PREMIER IMAGING	F	1	122	145	9	267	Θ
63.C835	NOVI REGIONAL IMAGING - SINAI HOSPITAL	F	1	147	585	9	732	Θ
63.C836	ADVANCED DENTAL IMAGING OF MICHIGAN PLLC	F	1	0	Θ	286	286	Θ
63.C837	ASSOCIATED RADIOLOGISTS OF CLARKSTON	F	1	795	2,810	9	3,605	Θ
63.C839	HENRY FORD MEDICAL CENTER - COLUMBUS	F	0	6	25	9	31	Θ
63.C840	JOSEPH R. NEMETH DDS	F	1	0	Θ	41	41	Θ
63.C851	CONTEMPORARY IMAGING	F	1	274	1,924	9	2,198	Θ
63.C857	NDS RADIOLOGY CT NOVI	F	0	11	29	9	40	Θ
74.0010	ST. JOSEPH MERCY PORT HURON HOSPITAL	Н	1	2,198	6,258	9	8,456	Θ
74.0020	PORT HURON HOSPITAL	Н	2	6,802	14,460	9	21,262	1,528
74.0030	ST. JOHN RIVER DISTRICT HOSPITAL	Н	1	1,743	2,702	9	4,445	Θ
81.0030	ST. JOSEPH MERCY ANN ARBOR HOSPITAL	Н	3	12,294	39,399	Θ	51,693	Θ
81.0040	ST. JOSEPH MERCY SALINE HOSPITAL	Н	1	688	2,148	9	2,836	Θ
81.0060	UNIVERSITY OF MICHIGAN HOSPITALS	Н	13	19,334	71,070	168	90,572	Θ
81.0080	CHELSEA COMMUNITY HOSPITAL	Н	1	1,778	4,801	9	6,579	0
81.C600	EAST ANN ARBOR HEALTH CENTER	F	1	1,003	6,021	9	7,024	0
81.C655	UNIVERSAL IMAGING, INC YPSILANTI	F	0	34	188	9	222	0
81.C664	HURON VALLEY CT CENTER	F	1	461	1,759	0	2,220	0

<sup>\*</sup>includes Dental scanners. The data appear as they were reported by the facility and do not necessarily reflect certificate of need approved services. Data from Section D of the survey.

Facility			Fixed CT		N	umber of Scan	s	
Number	Facility Name	Туре	Units*	Total Head	Total Body	Dental	Total CT	Spec. Needs
81.C674	MICHIGAN HEART, PC	F	1	0	1,427	0	1,427	0
81.C676	UNIVERSITY OF MICHIGAN SCHOOL OF DENTIST	F	1	9	0	375	375	9
81.C677	CHELSEA COMMUNITY PROFESSIONAL BUILDING	F	1	241	1,206	0	1,447	9
82.0010	OAKWOOD ANNAPOLIS HOSPITAL	Н	2	6,967	13,697	0	20,664	92
82.0030	WILLIAM BEAUMONT HOSPITAL, GROSSE POINTE	Н	2	5,502	13,539	0	19,041	0
82.0040	HENRY FORD COTTAGE HOSPITAL	Н	1	1,868	3,615	0	5,483	0
82.0070	GARDEN CITY HOSPITAL	Н	2	6,467	14,567	0	21,034	0
82.0120	OAKWOOD HOSPITAL AND MEDICAL CENTER	Н	3	16,509	38,800	0	55,309	2
82.0170	OAKWOOD SOUTHSHORE MEDICAL CENTER	Н	1	5,244	15,992	0	21,236	13
82.0190	ST. MARY MERCY LIVONIA HOSPITAL	Н	3	10,200	20,830	0	31,030	0
82.0230	HENRY FORD WYANDOTTE HOSPITAL	Н	2	10,226	16,749	0	26,975	0
82.0250	OAKWOOD HERITAGE HOSPITAL	Н	2	4,772	10,284	0	15,056	79
82.2640	BASHA DIAGNOSTICS PC/DEARBORN	F	0	55	109	0	164	0
82.2642	DRS. HARRIS, BIRKHILL, WANG, SONGE & ASS	F	1	168	358	0	526	9
82.2649	MISSION HEALTH MEDICAL CENTER- PROVIDENC	F	1	147	768	0	915	Θ
82.6830	HENRY FORD MEDICAL CENTER- FAIRLANE	F	2	6,686	14,388	0	21,074	7
82.6849	HENRY FORD CENTER FOR HEALTH SERVICES	F	1	1,882	4,829	0	6,711	0
82.C667	ST. JOSEPH MERCY HEALTH - CANTON	F	1	44	178	0	222	0
82.C668	OAKWOOD HEALTHCARE CENTER-CANTON	F	1	1,091	2,666	0	3,757	0
82.C677	UNIVERSAL IMAGING - DEARBORN HEIGHTS	F	0	91	319	0	410	0
82.C680	VAN ELSLANDER CANCER CENTER	F	1	22	816	0	838	0
82.C687	AFFILIATED MEDICAL OF DEARBORN	F	1	454	1,375	0	1,829	0
82.C704	NORTHLAND RADIOLOGY - ALLEN PARK	F	0	126	225	0	351	21
82.C706	OAKWOOD OUTPATIENT IMAGING	F	1	1,953	9,896	0	11,849	0
82.C722	SOUTHGATE CT, PLC	F	1	385	2,968	0	3,353	0
82.C727	NATIONAL DIAGNOSTIC SERV/DETRO	F	0	29	80	0	109	0
82.C728	NATIONAL DIAGNOSTIC SERV/LIVON	F	0	45	138	0	183	0
82.C729	NATIONAL DIAGNOSTIC SERV/LIVON	F	0	55	176	0	231	0
82.C734	CANTON HEALTH CENTER	F	1	648	4,706	0	5,354	0
82.C735	OAKWOOD CANTON IMAGING	F	1	259	1,098	0	1,357	0
82.C736	NATIONAL DIAGNOSTIC SERV/TAYLO	F	0	64	241	0	305	0

<sup>\*</sup>includes Dental scanners. The data appear as they were reported by the facility and do not necessarily reflect certificate of need approved services. Data from Section D of the survey.

Facility			Fixed CT		N	umber of Scan	s	
Number	Facility Name	Туре	Units*	Total Head	Total Body	Dental	Total CT	Spec. Needs
82.C738	NATIONAL DIAGNOSTIC SERV/LIVON	F	0	59	207	0	266	0
82.C739	NATIONAL DIAGNOSTIC SERV/LIVON	F	0	20	139	0	159	0
82.C743	NATIONAL DIAGNOSTIC SERVICES, LLC (TAYLO	F	0	18	72	0	90	0
82.C751	MICHIGAN BEST DIAGNOSTICS	F	1	0	0	0	0	0
82.C753	ST. JOSEPH MERCY CANTON HEALTH CENTER	F	1	337	2,024	0	2,361	0
82.C759	NATIONAL DIAGNOSTIC CT ATHENS CLINIC	F	0	45	161	0	206	0
82.C760	NATIONAL DIAGNOSTIC SERVICES-MILLENNIUM	F	0	28	122	0	150	0
83.0080	CHILDREN'S HOSPITAL OF MICHIGAN	Н	1	3,805	2,200	0	6,005	0
83.0190	HENRY FORD HOSPITAL	Н	6	30,790	41,822	0	72,612	5
83.0220	HARPER UNIVERSITY HOSPITAL	Н	3	6,292	32,092	0	38,384	0
83.0420	ST. JOHN HOSPITAL & MEDICAL CENTER	Н	4	13,316	23,710	0	37,026	0
83.0450	SINAI-GRACE HOSPITAL	Н	3	11,829	22,895	0	34,724	0
83.0500	DETROIT RECEIVING HOSPITAL	Н	2	8,749	12,757	0	21,506	0
83.0520	KARMANOS CANCER CENTER	Н	1	17	1,423	0	1,440	0
83.0521	TRIUMPH HOSPITAL DETROIT		1	30	135	0	165	35
HSA 1: S	: SOUTHEAST MICHIGAN 139 Facil		184	370,814	928,982	870	1,300,666	2,762
19.0011	CLINTON MEMORIAL HOSPITAL	Н	1	1,515	4,499	0	6,014	0
19.C003	NATIONAL DIAGNOSTIC CT - ST. JOHN	F	Θ	4	20	0	24	Θ
23.0021	EATON RAPIDS MEDICAL CENTER	Н	1	671	1,956	0	2,627	0
23.0022	HAYES GREEN BEACH MEMORIAL HOSPITAL	Н	1	2,165	5,330	0	7,495	20
23.C001	INGHAM REGIONAL - GRAND LEDGE RADIOLOGY	F	1	218	1,242	0	1,460	0
30.0010	HILLSDALE COMMUNITY HEALTH CENTER	Н	1	1,938	5,102	0	7,040	Θ
33.0020	INGHAM REGIONAL MEDICAL CENTER	Н	2	7,787	18,254	0	26,041	Θ
33.0050	SPARROW HEALTH SYSTEM - ST. LAWRENCE CAM	Н	2	3,467	10,801	0	14,268	26
33.0060	EDWARD W SPARROW HOSPITAL	Н	3	16,985	33,263	0	50,248	351
33.C605	MID-MICHIGAN MRI, INC. @ MSU	F	1	400	3,042	0	3,442	Θ
33.C611	SPARROW RAMBLEWOOD IMAGING CENTER	F	1	898	4,752	0	5,650	3
38.0010	ALLEGIANCE HEALTH	Н	2	11,934	27,472	0	39,406	0
38.C002	NATIONAL DIAGNOSTIC SERV/BROOK	F	9	9	135	0	144	0
38.C003	CYNTHIA A RIDER D.M.D. ORAL SURGERY & DE	F	1	0	0	612	612	0
38.C004	ALLEGIANCE HEALTH OUTPATIENT FACILITY	F	1	1,012	3,148	0	4,160	0

<sup>\*</sup>includes Dental scanners. The data appear as they were reported by the facility and do not necessarily reflect certificate of need approved services. Data from Section D of the survey.

Facility				Fixed CT		N	umber of Scan	S	
Number	Facility Name		Туре	Units*	Total Head	Total Body	Dental	Total CT	Spec. Needs
38.C007	NATIONAL DIAGNOSTIC		F	0	35	116	0	151	0
46.0020	EMMA L. BIXBY MEDICAL CENTER		Н	1	2,334	7,331	0	9,665	0
46.0052	HERRICK MEDICAL CENTER		Н	1	1,071	3,088	0	4,159	0
HSA 2: M	ID-SOUTHERN	18 Facil	ities	20	52,443	129,551	612	182,606	400
08.0010	PENNOCK HOSPITAL		Н	1	1,445	3,419	0	4,864	0
08.C001	GOLE DENTAL GROUP PC		F	1	0	Θ	132	132	0
11.0040	COMMUNITY HOSPITAL WATERVLIET		Н	1	858	2,430	0	3,288	Θ
11.0050	LAKELAND HOSPITAL, ST. JOSEPH		Н	2	4,812	10,818	0	15,630	0
11.0070	LAKELAND HOSPITAL, NILES		Н	1	2,673	7,125	0	9,798	0
11.6055	CENTER FOR OUTPATIENT SERVICE	S	F	2	1,163	7,694	0	8,857	0
12.0010	COMMUNITY HEALTH CENTER OF BR	ANCH COUNTY	Н	1	2,508	4,464	0	6,972	0
13.0031	BATTLE CREEK HEALTH SYSTEM		Н	2	5,280	15,636	0	20,916	Θ
13.0080	OAKLAWN HOSPITAL		Н	1	3,154	8,405	0	11,559	Θ
13.C003	BECKLEY ROAD MEDICAL IMAGING	& OPEN MRI	F	1	240	2,640	0	2,880	0
13.C005	MARSHALL 3-D IMAGING		F	1	0	Θ	238	238	Θ
14.0010	BORGESS-LEE MEMORIAL HOSPITAL		Н	1	985	2,851	0	3,836	0
39.0010	BORGESS MEDICAL CENTER		Н	3	7,065	19,599	0	26,664	96
39.0020	BRONSON METHODIST HOSPITAL		Н	3	9,647	25,455	0	35,102	58
39.2611	BRONSON SERVICES, LLC		F	1	897	4,459	0	5,356	17
39.2616	WEST MICHIGAN CANCER CENTER		F	1	0	Θ	Θ	Θ	0
39.C004	PREMIER MEDICAL CARE, P.C.		F	1	726	4,527	0	5,253	Θ
39.C010	BORGESS AT WOODBRIDGE HILLS		F	1	574	1,370	0	1,944	0
39.C015	KALAMAZOO ORAL AND MAXILLOFAC	IAL SURGERY	F	1	0	Θ	1,512	1,512	Θ
39.C016	WESTSIDE FAMILY MEDICAL CTR-B	ORGESS	F	1	139	370	0	509	0
39.C017	HEALTHCARE MIDWEST IMAGING CE	NTER	F	1	272	1,266	Θ	1,538	2
75.0010	STURGIS HOSPITAL		Н	1	906	2,720	0	3,626	8
75.0020	THREE RIVERS HEALTH		Н	1	1,658	2,432	Θ	4,090	0
80.0020	SOUTH HAVEN COMMUNITY HOSPITAL		Н	1	1,650	3,718	0	5,368	0
80.0041	BRONSON LAKEVIEW HOSPITAL		Н	1	1,462	4,262	0	5,724	9
HSA 3: S	OUTHWEST	25 Facil	ities	32	48,114	135,660	1,882	185,656	181
03.0031	BORGESS-PIPP HOSPITAL		Н	1	662	2,481	0	3,143	0

<sup>\*</sup>includes Dental scanners. The data appear as they were reported by the facility and do not necessarily reflect certificate of need approved services. Data from Section D of the survey.

Facility			Fixed CT		N	lumber of Scan	s	
Number	Facility Name	Туре	Units*	Total Head	Total Body	Dental	Total CT	Spec. Needs
03.0032	ALLEGAN GENERAL HOSPITAL	Н	1	1,210	2,924	0	4,134	0
34.0021	SPARROW IONIA HOSPITAL	Н	1	1,317	3,081	0	4,398	9
41.0010	SPECTRUM HEALTH BLODGETT HOSPITAL	Н	2	5,728	17,491	0	23,219	9
41.0040	SPECTRUM HEALTH BUTTERWORTH HOSPITAL	Н	5	19,154	36,631	0	55,785	0
41.0060	METROPOLITAN HOSPITAL	Н	3	3,882	11,905	0	15,787	0
41.0080	SAINT MARY'S HEALTH CARE	Н	2	8,607	23,500	0	32,107	0
41.6822	SPECTRUM HEALTH SOUTH PAVILION	F	1	1,416	4,736	0	6,152	9
41.C010	MMPC	F	1	1,139	6,254	0	7,393	0
41.C021	SPECTRUM HEALTH - EVERGREEN IMAGING CTR	F	1	532	2,722	0	3,254	9
41.C036	EAST BELTLINE IMAGING	F	1	29	1,107	0	1,136	0
41.C038	SPECTRUM HEALTH WEST PAVILION	F	1	750	2,681	0	3,431	0
41.C039	LEMMEN HOLTON CANCER PAVILION	F	2	791	6,664	0	7,455	0
41.C040	SAINT MARY'S SOUTHWEST	F	1	1,088	3,528	0	4,616	0
41.C042	SMART BEAM 3D	F	1	0	0	121	121	0
41.C044	ADVANCED UROLOGY OF GRAND RAPIDS	F	1	0	115	0	115	0
53.0010	MEMORIAL MEDICAL CENTER OF WEST MICHIGAN	Н	2	2,156	2,331	0	4,487	0
54.0030	MECOSTA COUNTY MEDICAL CENTER	Н	1	2,100	4,928	0	7,028	0
59.0010	CARSON CITY HOSPITAL	Н	1	1,375	2,374	0	3,749	0
59.0030	SHERIDAN COMMUNITY HOSPITAL	Н	1	551	1,532	0	2,083	Θ
59.0060	SPECTRUM HEALTH UNITED MEMORIAL - UNITED	Н	1	2,610	7,632	0	10,242	0
59.0201	SPECTRUM HEALTH UNITED MEMORIAL - KELSEY	Н	1	606	1,209	0	1,815	0
61.0010	MERCY HEALTH PARTNERS - HACKLEY CAMPUS	Н	3	6,084	9,557	0	15,641	383
61.0020	MERCY HEALTH PARTNERS - MERCY CAMPUS	Н	2	5,502	10,570	0	16,072	0
61.C005	HACKLEY HEALTH AT THE LAKES	F	1	197	538	0	735	0
62.0010	GERBER MEMORIAL HOSPITAL	Н	1	2,453	6,421	0	8,874	0
64.0021	MERCY HEALTH PARTNERS, LAKESHORE CAMPUS	Н	1	945	1,692	0	2,637	19
67.0021	SPECTRUM HEALTH REED CITY HOSPITAL	Н	1	1,154	2,352	0	3,506	21
70.0010	NORTH OTTAWA COMMUNITY HOSPITAL	Н	1	1,338	3,473	0	4,811	0
70.0020	HOLLAND HOSPITAL	Н	2	6,097	12,560	0	18,657	9
70.0030	ZEELAND COMMUNITY HOSPITAL	Н	1	1,727	4,654	0	6,381	0
70.C008	HOLLAND HOSPITAL MEDICAL IMAGING CENTER	F	1	596	1,876	0	2,472	0

<sup>\*</sup>includes Dental scanners. The data appear as they were reported by the facility and do not necessarily reflect certificate of need approved services. Data from Section D of the survey.

Facility				Fixed CT		N	umber of Scan	S	
Number	Facility Name		Туре	Units*	Total Head	Total Body	Dental	Total CT	Spec. Needs
HSA 4: W	EST MICHIGAN	32 Facil	ities	46	81,796	199,519	121	281,436	423
25.0040	HURLEY MEDICAL CENTER		Н	3	5,342	8,791	0	14,133	0
25.0050	MCLAREN REGIONAL MEDICAL CENT	ER	Н	3	9,817	22,310	0	32,127	47
25.0072	GENESYS REGIONAL MEDICAL CENT	ER	Н	3	10,954	25,808	0	36,762	Θ
25.2612	REGIONAL MEDICAL IMAGING PC		F	1	1,009	6,416	0	7,425	Θ
25.C001	GENESYS PHYSICIANS INTEGRATED	DIAGNOSTIC	F	1	696	2,833	0	3,529	Θ
25.C006	GENESYS PHYSICIANS INTEGRATED	DIAGNOSTIC	F	1	118	511	0	629	0
25.C012	MED-SCAN, INC FLINT		F	0	77	265	0	342	15
25.C017	REGIONAL MEDICAL IMAGING		F	1	352	1,905	0	2,257	Θ
25.C019	GREATER FLINT IMAGING-BALLENG	ER	F	1	310	2,755	0	3,065	0
25.C020	GREATER FLINT IMAGING-CENTER	RD	F	1	736	1,836	0	2,572	0
25.C022	REGIONAL MEDICAL IMAGING		F	1	281	1,506	0	1,787	Θ
25.C026	NATIONAL DIAGNOSTIC SERV/FLIN	T	F	0	21	125	0	146	Θ
25.C029	GENESYS PHYSICIANS INTEGRATED DIAGNOSTIC		F	1	644	3,094	0	3,738	Θ
25.C032	NATIONAL DIAGNOSTIC SERVICES/ FENTON		F	Θ	50	168	0	218	Θ
25.C035	MCLAREN IMAGING CENTER		F	1	984	7,324	0	8,308	Θ
25.C039	MID MICHIGAN DIAGNOSTIC CORPO	RATION	F	1	732	818	0	1,550	0
25.C040	CT CENTER OF FLINT LLC		F	1	2	71	0	73	Θ
44.0010	LAPEER REGIONAL MEDICAL CENTE	R	Н	2	4,054	7,850	Θ	11,904	Θ
44.C003	GREATER FLINT IMAGING-LAPEER		F	1	186	821	0	1,007	Θ
44.C005	LAPEER COUNTY IMAGING, PC		F	1	0	Θ	0	0	0
78.0010	MEMORIAL HEALTHCARE		Н	1	3,351	5,969	0	9,320	94
78.C004	MEMORIAL DIAGNOSTIC IMAGING		F	1	72	649	0	721	8
HSA 5: G	ENESEE-LAPEER-SHIAWASSEE	22 Facil	ities	26	39,788	101,825	0	141,613	164
06.0020	ST. MARY'S OF MICHIGAN STANDI	SH HOSPITAL	Н	1	1,144	2,104	0	3,248	Θ
09.0050	BAY REGIONAL MEDICAL CENTER		Н	2	8,105	15,092	0	23,197	1
09.C002	ST. MARY'S MEDICAL IMAGING OF	BAY CITY	F	1	94	280	0	374	0
09.C603	WEST SIDE MEDICAL MALL		F	1	599	1,420	0	2,019	0
18.0010	MIDMICHIGAN MEDICAL CENTER CLARE		Н	1	2,066	5,539	0	7,605	0
26.0011	MIDMICHIGAN MEDICAL CENTER -	GLADWIN	Н	1	1,143	2,893	0	4,036	0
29.0010	GRATIOT MEDICAL CENTER		Н	1	2,915	6,793	0	9,708	91

<sup>\*</sup>includes Dental scanners. The data appear as they were reported by the facility and do not necessarily reflect certificate of need approved services. Data from Section D of the survey.

Facility				Fixed CT		N	umber of Scan	s	
Number	Facility Name	Ту	/ре	Units*	Total Head	Total Body	Dental	Total CT	Spec. Needs
32.0020	HURON MEMORIAL HOSPITAL	H	Н	1	1,140	3,997	0	5,137	56
32.0030	SCHEURER HOSPITAL	H	н	1	876	2,063	0	2,939	38
32.0040	HARBOR BEACH COMMUNITY HOSPITAL	H	н	1	233	531	0	764	0
35.0010	ST. JOSEPH HEALTH SYSTEM - TAWAS	H	н 📗	1	2,123	7,595	9	9,718	0
37.0010	CENTRAL MICHIGAN COMMUNITY HOSPIT	AL H	н	1	2,995	7,185	9	10,180	22
37.C001	MID MICHIGAN RADIOLOGY ASSOCIATES	5, P.C. F	F	1	267	1,093	9	1,360	0
56.0020	MIDMICHIGAN MEDICAL CENTER-MIDLAN	ID H	н	2	5,606	16,122	9	21,728	0
65.0010	WEST BRANCH REGIONAL MEDICAL CENT	ER H	н	2	2,461	9,498	9	11,959	0
73.0020	COVENANT MEDICAL CENTER - COOPER	H	н	3	12,071	27,716	0	39,787	16
73.0050	ST. MARY'S OF MICHIGAN	H	н	2	8,318	17,012	9	25,330	0
73.6811	ST. MARY'S OF MICHIGAN TOWNE CENT	RE F	F	1	3,542	7,565	9	11,107	0
73.C011	COVENANT MEDICAL CENTER - MACKINA	AW F	F	1	626	4,391	0	5,017	Θ
76.0010	DECKERVILLE COMMUNITY HOSPITAL	H	н	1	253	0	0	253	Θ
76.0030	MCKENZIE MEMORIAL HOSPITAL	H	н	1	887	1,410	9	2,297	0
76.0041	MARLETTE REGIONAL HOSPITAL	H	н	1	785	2,944	9	3,729	0
79.0031	HILLS & DALES GENERAL HOSPITAL	Ĥ	Н	1	487	1,681	0	2,168	18
79.0032	CARO COMMUNITY HOSPITAL	H	н	1	697	1,759	0	2,456	Θ
HSA 6: E	AST CENTRAL	24 Faciliti	es	30	59,433	146,683	9	206,116	242
04.0010	ALPENA REGIONAL MEDICAL CENTER	H	Н	2	3,649	8,321	0	11,970	0
10.0020	PAUL OLIVER MEMORIAL HOSPITAL	H	н	1	476	1,194	0	1,670	Θ
15.0021	CHARLEVOIX AREA HOSPITAL	H	н	1	984	1,851	0	2,835	4
16.0020	CHEBOYGAN MEMORIAL HOSPITAL	H	н	1	3,470	7,742	0	11,212	Θ
20.0020	MERCY HOSPITAL - GRAYLING	H	н	1	2,770	5,891	0	8,661	Θ
24.0030	NORTHERN MICHIGAN REGIONAL HOSPIT	AL H	н	2	4,290	13,968	0	18,258	360
28.0010	MUNSON MEDICAL CENTER	1	н	3	9,932	24,254	0	34,186	1,366
28.C005	RONALD R. LINTS DDS MS PC		F	1	0	0	422	422	Θ
40.0020	KALKASKA MEMORIAL HEALTH CENTER		н	1	672	1,482	0	2,154	59
51.0020	WEST SHORE MEDICAL CENTER		н	1	1,335	3,393	9	4,728	0
69.0020	OTSEGO MEMORIAL HOSPITAL	H	н	1	1,702	4,919	9	6,621	0
69.C001	GREAT LAKES MRI SPECIALISTS	F	F	1	20	89	0	109	0
69.C002	THEODORE D. FREELAND, DDS, MS, PC	. F	F	1	0	0	125	125	0

<sup>\*</sup>includes Dental scanners. The data appear as they were reported by the facility and do not necessarily reflect certificate of need approved services. Data from Section D of the survey.

Facility				Fixed CT		N	umber of Scan	s	
Number	Facility Name		Туре	Units*	Total Head	Total Body	Dental	Total CT	Spec. Needs
84.0010	MERCY HOSPITAL		Н	1	3,362	7,390	0	10,752	0
HSA 7: N	ORTHERN LOWER	14 Facil	ities	18	32,662	80,494	547	113,703	1,789
02.0010	MUNISING MEMORIAL HOSPITAL		Н	1	478	1,264	Θ	1,742	0
07.0020	BARAGA COUNTY MEMORIAL HOSPI	TAL	Н	1	512	645	0	1,157	Θ
17.0020	CHIPPEWA COUNTY WAR MEMORIAL	HOSPITAL	Н	1	2,387	6,799	Θ	9,186	Θ
21.0010	ST. FRANCIS HOSPITAL		Н	1	2,314	6,828	0	9,142	Θ
22.0020	DICKINSON COUNTY HEALTHCARE S	YSTEM	Н	2	1,807	6,271	Θ	8,078	Θ
27.0022	GRAND VIEW HEALTH SYSTEM		Н	0	1,274	823	0	2,097	Θ
31.0020	PORTAGE HOSPITAL		Н	1	1,305	4,600	Θ	5,905	18
31.0021	ASPIRUS KEWEENAW HOSPITAL		Н	1	705	2,869	0	3,574	0
36.0021	NORTHSTAR HEALTH SYSTEM		Н	1	799	1,873	0	2,672	0
48.0020	HELEN NEWBERRY JOY HOSPITAL		Н	1	865	1,839	0	2,704	0
49.0030	MACKINAC STRAITS HEALTH SYSTE	M, INC.	Н	1	505	1,378	0	1,883	0
52.0050	MARQUETTE GENERAL HEALTH SYST	EM	Н	3	3,817	12,804	0	16,621	0
52.0051	BELL MEMORIAL HOSPITAL		Н	1	1,214	2,380	0	3,594	0
66.0020	ASPIRUS ONTONAGON HOSPITAL		Н	1	217	741	0	958	0
77.0010	SCHOOLCRAFT MEMORIAL HOSPITAL		Н	1	555	1,405	0	1,960	0
HSA 8: UPPER PENINSULA 15 Facili		ities	17	18,754	52,519	0	71,273	18	
State To	tal	289 Facil	ities	373	703,804	1,775,233	4,032	2,483,069	5,979

08/31/2010 Page 10 Ver 1.00

<sup>\*</sup>includes Dental scanners. The data appear as they were reported by the facility and do not necessarily reflect certificate of need approved services. Data from Section D of the survey.